

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>		<b>A</b>	<b>06 / 20 / 2017</b>	<b>GMHA SKILLED NURSING UNIT- DIETETIC SERVICES</b>
Follow-up				TIME IN	TIME OUT
Complaint			RATING	<b>9:34 AM</b>	<b>11:40 AM</b>
Investigation			<b>1</b>	SANITARY PERMIT NO.	LOCATION (Address)
Other:				<b>170000690</b>	<b># 4489 NORTH SABANA DRIVE, BARRIGADA HEIGHTS</b>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<b>CAFETERIA</b>				<b>4</b>	<b>633-1818</b>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<b>0</b>	<b>4</b>
				No. of Repeat Risk Factor/Intervention Violations	
				<b>0</b>	

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	N/A	N/O	Hands clean and properly washed	6
7	IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	IN	OUT			Adequate handwashing facilities supplied & accessible	6
<b>Approved Source</b>						
9	IN	OUT			Food obtained from approved source	6
10	IN	OUT	N/A	N/O	Food received at proper temperature	6
11	IN	OUT			Food in good condition, safe, and unadulterated	6
12	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	6
<b>Protection from Contamination</b>						
13	IN	OUT	N/A		Food separated and protected	6
14	IN	OUT	N/A		Food contact surfaces: cleaned & sanitized	6
15	IN	OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	IN	OUT	N/A	N/O	Proper cooling time and temperatures	6
19	IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	IN	OUT	N/A		Proper cold holding temperatures	6
21	IN	OUT	N/A	N/O	Proper date marking and disposition	6
<b>Consumer Advisory</b>						
22	IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
<b>Highly Susceptible Populations</b>						
23	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered	6
<b>Chemical</b>						
24	IN	OUT	N/A		Food additives: approved and properly used	6
25	IN	OUT			Toxic substances properly identified, stored, used	6
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
<b>Food Identification</b>						
34	X		Food properly labeled; original container	X		1
<b>Prevention of Food Contamination</b>						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53	X		Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)

**ADRIAN P. WILSON**

DEH Inspector (Print and Sign)

**LEILANI N. NAKARAO, EPHI I**

Date:

**6/20/17**

Follow-up (Circle one):

**YES** NO

Follow-up Date

**07/20/17**

Department of Public Health and Social Services  
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ESTABLISHMENT NAME GMHA SKILLED NURSING UNIT- DIETETIC SERVICES		LOCATION (Address) # 4489 N. SABANA DR, BARRIGADA HEIGHTS
INSPECTION DATE 06 / 20 / 2017	SANITARY PERMIT NO. 170000690	PERMIT HOLDER GUAM MEMORIAL HOSPITAL AUTHORITY

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
POT ROAST / OVEN	138.5		
SAUCE FOR POT ROAST / OVEN	158.5		
ARROZ CALDO / OVEN	155.5		
MEAT PUREE / OVEN	144.0		
RAW FISH / WALK-IN CHILLER	46.0		
RAW BEEF / WALK-IN CHILLER	39.0		
RAW CHICKEN / WALK-IN CHILLER	32.0		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR, QUARTERLY INSPECTION WAS CONDUCTED TODAY. ALL PREVIOUS VIOLATIONS OF ITEMS # 8, 45, AND 52 WERE CORRECTED, AND THE FOLLOWING NEW VIOLATIONS WERE OBSERVED:	
20	POTENTIALLY HAZARDOUS FOOD / TIME & TEMPERATURE CONTROL FOR SAFETY (PHF / TCS) FOOD NOT MEETING INTERNAL TEMPERATURE REQUIREMENT FOR COLD-HOLDING. COS: RAW FISH WAS DISCARDED. PHF / TCS FOOD SHALL BE KEPT AT INTERNAL TEMPERATURE OF 41°F OR BELOW FOR COLD-HOLDING TO LIMIT PATHOGEN GROWTH.	COS
34	SOY SAUCE AND COOKING OIL NOT IN ORIGINAL CONTAINER AND NOT PROPERLY LABELED. COS: LABELS WERE PLACED ON CONTAINERS. FOOD SHALL BE PROPERLY LABELED WHEN NOT IN ORIGINAL CONTAINER TO ENSURE PROPER IDENTIFICATION.	COS
53	INSUFFICIENT LIGHT INTENSITY IN WALK-IN CHILLER AND FREEZER. (CHILLER @ 1.9 FT. CANDLE; FREEZER @ 3.9 FT. CANDLE) LIGHT INTENSITY IN WALK-IN CHILLER AND FREEZER SHALL BE AT LEAST 10 FT. CANDLE TO FACILITATE PROPER CLEANING AND READING OF LABELS.	07/20/17

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

KERAT P. INFANTA

DEH Inspector (Print and Sign)

LETIANI W. NAVARRI, EPD I

Date:

06/20/17

Date:

06/20/17

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# 4489 N. SABINA DR., BARRIGADA HEIGHTS

GUAM MEMORIAL HOSPITAL AUTHORITY

**CORRECT  
BY DATE**

DISCUSSED THIS REPORT WITH MANAGER ADRIAN PINERA.

66/20/17